

Name

in  
Full

Edward Delmar Adams

## CERTIFICATE OF DEATH

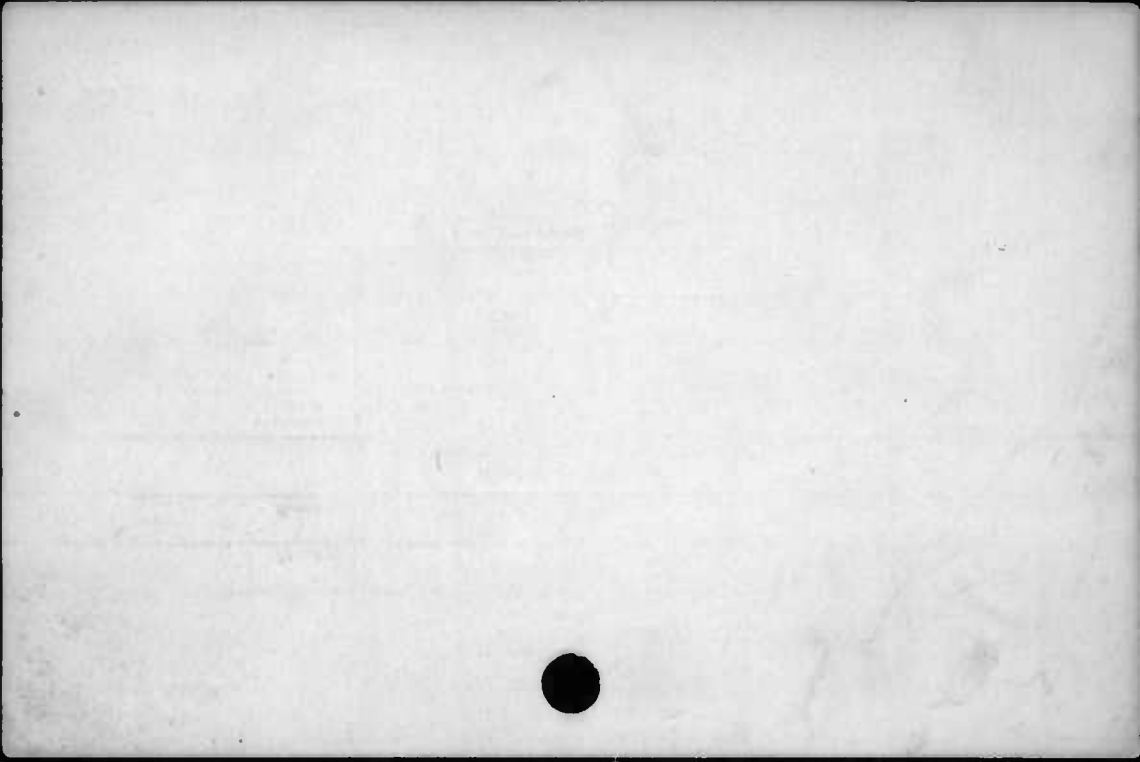
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town McDaniel		County Talbot Co		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1906	June	13	18			
Sex	male		Color or Race	colored		Birthplace	McDaniel
Occupation	child			Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Earnest S. Adams					Father's Birthplace	Talbot Co Md
Mother's Maiden Name	Hattie A. Cooper					Mother's Birthplace	Talbot Co Md
Name of person giving information	Earnest S. Adams					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	One week.
Immediate	Cordeae Antheria	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		W E Zepke.	
Address		St. Michael	
		Md.	
Accident or Suicide?			



Name  
in  
Full

Carrol Preston Burton

## CERTIFICATE OF DEATH

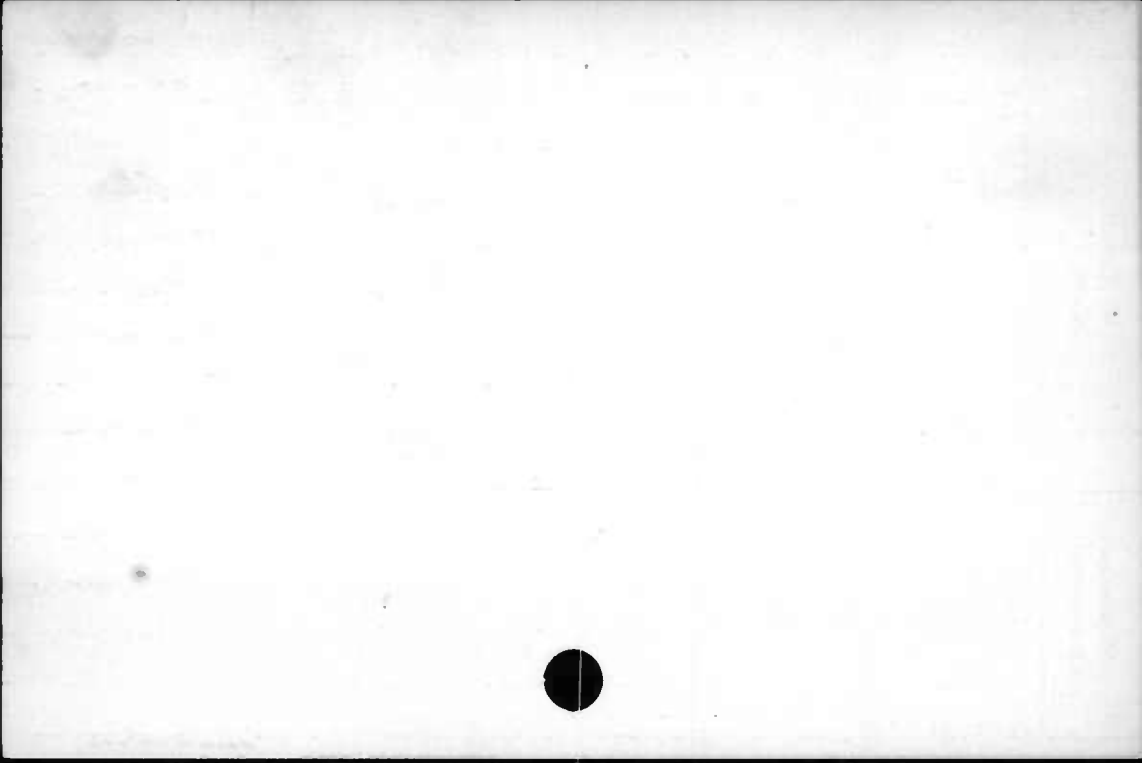
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wittman</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u>	Month <u>June</u>	Day <u>22</u>	Age <u>3</u>	Months <u>2</u> Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birthplace <u>Talbot Co</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>			Name of Wife or Husband <u></u>		
Father's Name <u>Howard Burton</u>			Father's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name <u>Mary Adams</u>			Mother's Birthplace <u>Talbot Co</u>		
Name of person giving information <u>Howard Burton</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Myocardia</u>	How long	<u>1 wk.</u>
Immediate	<u>Pneumonia</u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. J. B. Seab</u>
		Address	<u>St Michael</u>
Accident or Suicide? <u></u>			



Name in Full		George Lutheria Burton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Whittman		Tallot		MARYLAND	
	Date of death	1906	June	22	Age	1	Months 9 Days -
	Sex	Male		Color or Race	Colored		Birthplace
	Occupation			Where Residing if not at place of death		Tallot B	
	Married, Single or Widowed	-		Name of Wife or Husband			
	Father's Name	James A. E. Burton				Father's Birthplace	Tallot B
	Mother's Maiden Name	Aisie Adair				Mother's Birthplace	Tallot B
Name of person giving information	J. A. E. Burton				How related to deceased	Tallot	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Measles				How long	-
	Immediate	Pneumonia				How long	-
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Chas. J. B. Sells	
					Address	St. Michael	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

Jess May Campy  
 Died at Easton <sup>Town</sup> Talbot <sup>County</sup>

MARYLAND

Date of death 1906 <sup>Month</sup> Jan <sup>Day</sup> 30 <sup>Years</sup> 4 <sup>Months</sup> 6 <sup>Days</sup>

Sex Female Color or Race Black Birthplace Bgsida

Occupation ✓ Where Residing if not at place of death ✓

Married, Single or Widowed X Name of Wife or Husband X

Father's Name Geo Campy Father's Birthplace Trapp

Mother's Maiden Name Louma Lawmner Mother's Birthplace Raya Oak

Name of person giving information Geo Campy How related to deceased Father

## CAUSES OF DEATH

Primary Gastritis, Cardiac An- How long 11 days  
oxpe. How long  
 Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

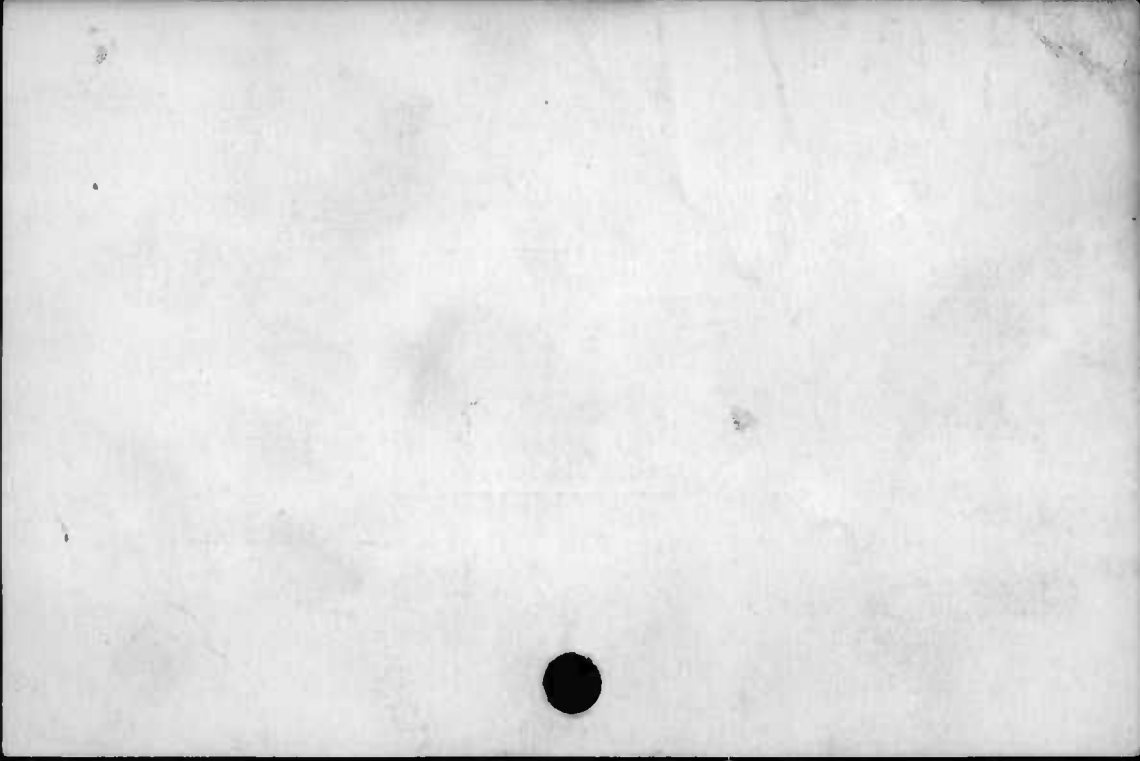
Signature of Physician

Address

Merritt Burk  
Easton, Md.

Accident or Suicide? ✓

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Nancy Chamberlain

CERTIFICATE OF DEATH

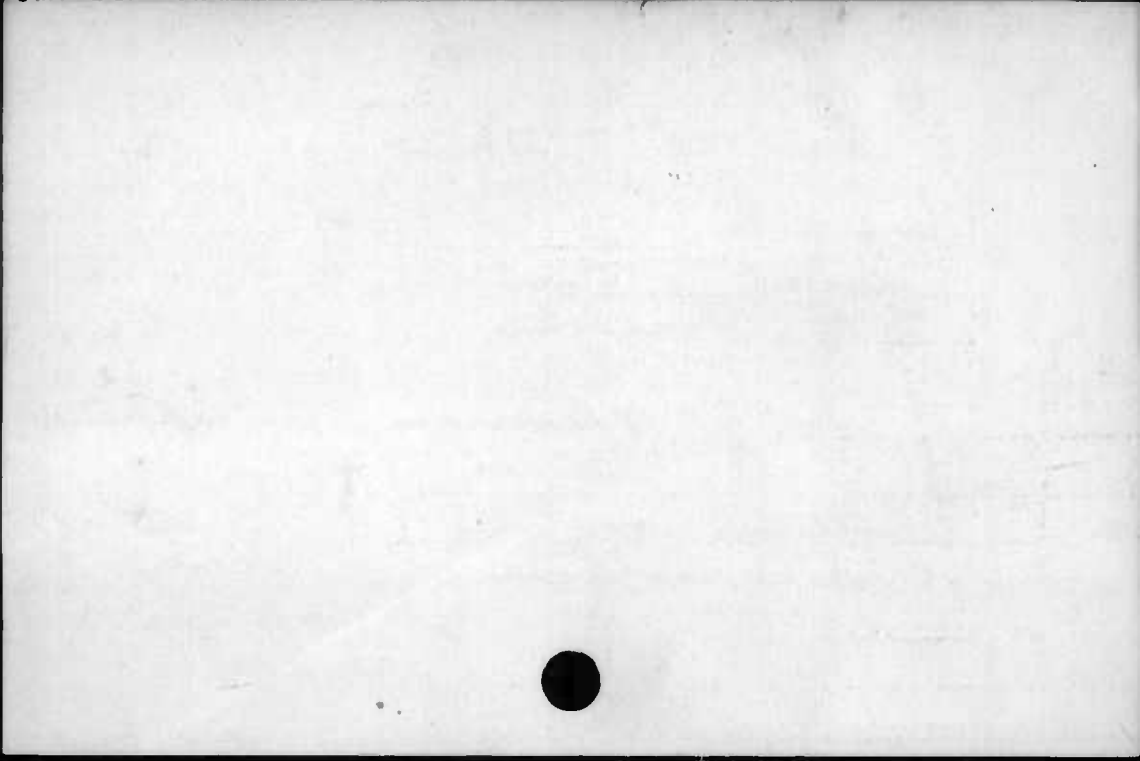
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cordova		County Talbot Co		MARYLAND	
Date of death	1906	Month June	Day 4	Age 60 -	Years	Months	Days
Sex	Female		Color or Race	Col <sup>d</sup> .		Birth- place	2. Anns Co
Occupation	House Wife			Where Residing If not at place of death Near Cordova			
Married, Single or Widowed	Widow		Name of Wife or Husband	Sam <sup>d</sup> . Chamberlain			
Father's Name	Donot Know					Father's Birthplace	Don't Know
Mother's Maiden Name	Nancy Haskitt					Mother's Birthplace	Don't Know
Name of person giving In formation	William Chamberlain					How related to deceased	Son in law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dropsy	(177)	How long	Six Months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician None	
			Address S. Patchett & son	
			Undertaker	
Accident or Suicide?				



Name  
in  
Full

Mary Jane Cheir

## CERTIFICATE OF DEATH

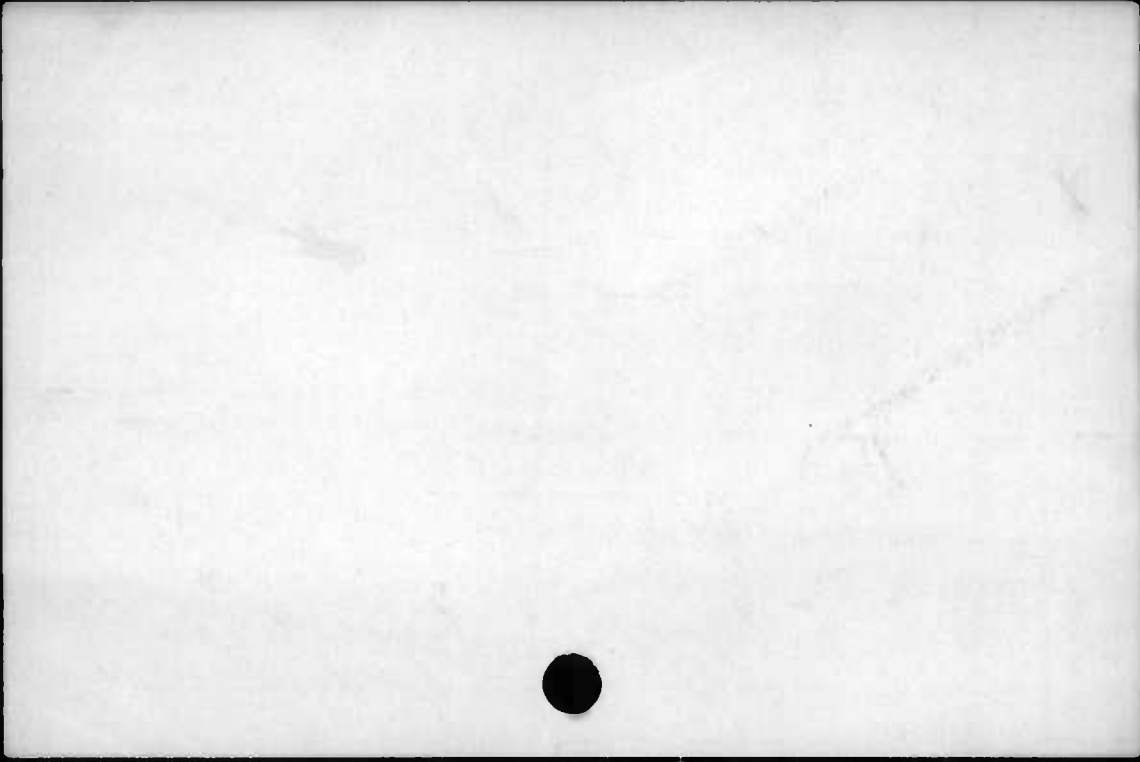
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		St. Michael		Tulbot		County		MARYLAND	
Date of death		1906		June		8 <sup>th</sup>		Age 82	
Sex		Female		Color or Race		colored		Birthplace	
Occupation		Housework		Where Residing if not at place of death		—		Maryland	
Married, Single or Widowed		Married		Name of Wife or Husband		Richard M. Cheir			
Father's Name		Wm. Howard		Father's Birthplace		Md.			
Mother's Maiden Name		—		Mother's Birthplace					
Name of person giving information		Archie Thomas		How related to deceased		nephew			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion	How long	104	How long	2 hours
Immediate	Cardiac Cathexis	How long	brief		
Are the name, age, sex, color, date and place correctly given above?		Yes.			
Signature of Physician		M. E. Zepke M.D.			
Address		St. Michaels, Md.			
Accident or Suicide?					



Name  
in  
Full

M. G. Coleman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Newtown</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death 190 <u>6</u>	Month <u>June</u>	Day <u>10</u>	Age <u>4</u> <sup>Years</sup> <u>hours</u>	Months <u>X</u>	Days <u>X</u>
Sex <u>Male</u>	Color or Race <u>African</u>		Birth-place <u>Newtown</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>X</u>			
Name of Wife <u>Emma Coleman</u>					
Father's Name <u>M. G. Coleman</u>			Father's Birthplace <u>Id</u>		
Mother's Maiden Name <u>Emma Goodenborough</u>			Mother's Birthplace <u>Id</u>		
Name of person giving information <u>Emma Coleman</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Umbilical Hemorrhage</u>	How long <u>1 hour</u>
Immediate <u>X</u>	How long <u>X</u>
Are the name, age, sex, color, date and place correctly given above? <u>They are</u>	Signature of Physician <u>Chas. H. Rose</u>
	Address <u>Gordons, Md</u>
Accident or Suicide? <u>✓</u>	



Name  
in  
Full

Still Born Dobson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		County <u>Talbot</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>June</u>	Day <u>14</u>	Age <u>1</u>	Years <u>1</u>	Months <u>1</u>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Easton</u>	
Occupation <u>+</u>		Where Residing if not at place of death <u>+</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Joseph Dobson</u>		Father's Birthplace <u>Easton</u>			
Mother's Maiden Name <u>Mary Miller</u>		Mother's Birthplace <u>Easton</u>			
Name of person giving information <u>Joseph Dobson</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Born</u>	How long <u>8</u>
Immediate	How long <u>+</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. B. Fairbank</u> Reflector <u>Sub.</u>
	Address <u>Easton md</u>
Accident or Suicide?	





Name  
in  
Full

Annie Vihemina Fairbanks

## CERTIFICATE OF DEATH

Died at <u>Trappe</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	<u>1906</u> Month	<u>June</u> Day	<u>11</u> Age	<u>—</u> Years	<u>—</u> Months
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>Trappe</u>
Occupation	<u>h</u>		Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Edward Fairbank</u>			Father's Birthplace	<u>Talbot Co.</u>
Mother's Maiden Name	<u>Willie M. Lewis</u>			Mother's Birthplace	<u>Talbot Co.</u>
Name of person giving information	<u>James C. Lewis</u>			How related to deceased	<u>brother</u>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Cyanosis neonatorum</u>	How long	<u>1 day</u>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
	Signature of Physician		<u>W. S. Seymour</u>	
		Address		<u>Trappe, Md.</u>
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

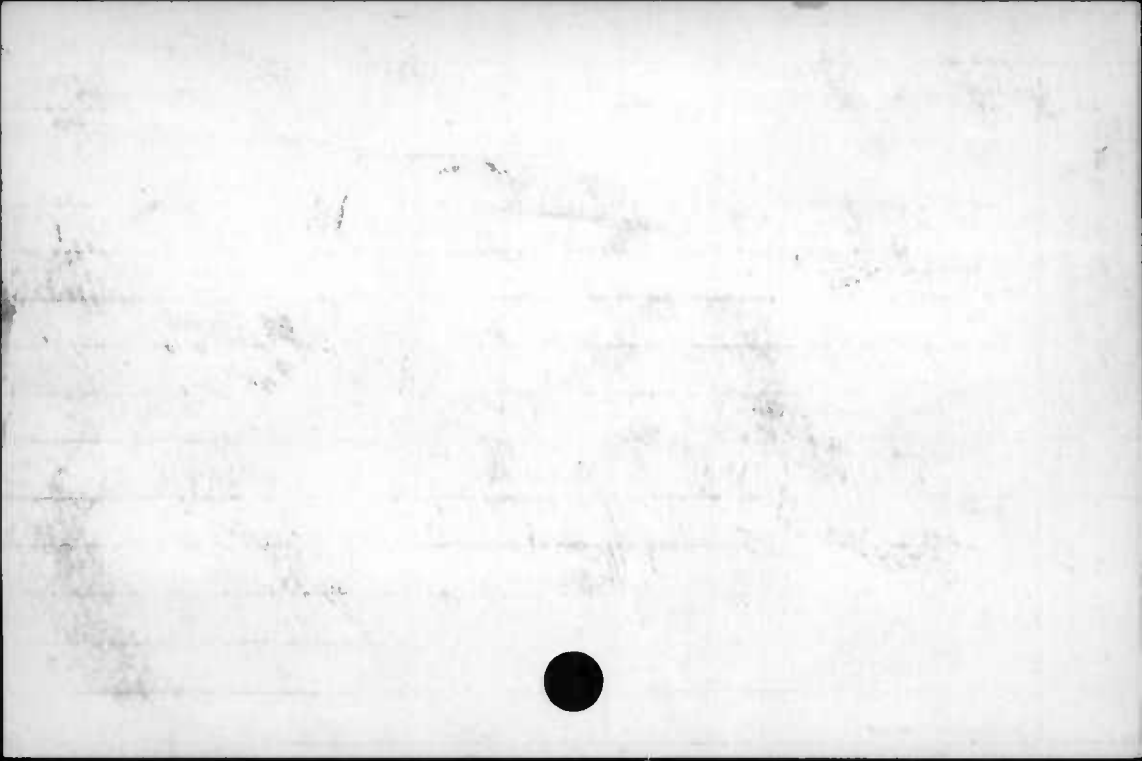
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Drappe</i>		County <i>Franklin</i>		State <i>Salisbury</i>	
Date of death 1906		Month <i>6</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Salbai Co Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Rufus Aydelott Trampton</i>				Father's Birthplace <i>Salbai Co Md</i>			
Mother's Maiden Name <i>Eliza Ad. with Barnett</i>				Mother's Birthplace <i>Baltimore, Md</i>			
Name of person giving information <i>R. A. Trampton</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>5 weeks</i>
Immediate <i>Marasmus</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross M.D.</i>
	Address <i>Drappe, Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Oliver Cookman Prazier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>6</i>	Day <i>28</i>	Age	Years	Months <i>6</i>	Days <i>12</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co. Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Herbert Cookman Prazier</i>				Father's Birthplace <i>Dorchester Co. Md</i>			
Mother's Maiden Name <i>Elizabeth Garol</i>				Mother's Birthplace <i>Talbot Co. Md</i>			
Name of person giving information <i>Mrs S. C. Statto</i>				How related to deceased <i>Aunt</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>3 months</i>
Immediate	<i>Malnutrition</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>Joseph A. Ross, M.D.</i>	
		Address <i>Talbot Co. Md</i>	
Accident or Suicide?			



Name  
in  
Full

E P Hall, Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak</i>		Town <i>Royal Oak</i>		County <i>Delaware</i>		MARYLAND	
Date of death	1906	Month	June	Day	6	Age	2
Sex	male	Color or Race	white	Months		Days	
Occupation				Birth-place	<i>Royal Oak</i>		
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Arthur Hall</i>				Father's Birthplace <i>Royal Oak</i>			
Mother's Maiden Name <i>Vertie Millican</i>				Mother's Birthplace <i>Royal Oak</i>			
Name of person giving information <i>E P Hall</i>				How related to deceased <i>grand son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Pneumonia</i>	How long	<i>3 or 4 weeks</i>
Immediate	<i>Ashtonia</i>	How long	<i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Samuel C. Trippe</i>	
Address		<i>Royal Oak</i>	
Accident or Suicide?		<i>no</i>	





Name  
in  
Full

Caroline Jenkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near</i> Town <i>Easton</i> County <i>Talbot</i>		MARYLAND	
Date of death	1906	Month	June
	27	Day	
Age	0	Years	
	0	Months	
	28	Days	
Sex	Female	Color or Race	Negro
Birthplace	near Easton		
Occupation	Infant		
Where Residing if not at place of death	—		
Married, Single or Widowed	single	Name of Wife or Husband	—
Father's Name	J. M. Jenkins	Father's Birthplace	Talbot Co., Md.
Mother's Maiden Name	Florence Gross	Mother's Birthplace	Talbot Co., Md.
Name of person giving information	J. M. Jenkins	How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Prunston twin birth	How long	28 days
Immediate	& Exhaustion	How long	few days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. F. Davidson
		Address	Easton, Md. —
<del>Accident or Suicide</del>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died *near* Town *Easton*County *Talbot*Date of death *1906 June*Day *18*Age *0*

Months

*9*

Days

*17*

Sex

*Male*Color or  
Race*Negro*Birth-  
place*near Easton, Md.*

Occupation

*Infant*Where Residing if not  
at place of deathMarried, Single  
or Widowed*—*Name of Wife or  
Husband*—*Father's  
Name*?*Father's  
Birthplace*?*Mother's  
Maiden Name*Lizzie Jenkins*Mother's  
Birthplace*Talbot Co Md*Name of person giving  
Information*Saul Copper*How related  
to deceased*none*

## CAUSES OF DEATH

Primary

*Whooping Cough  
& Exhaustion*

How long

*3 wks*

Immediate

How long

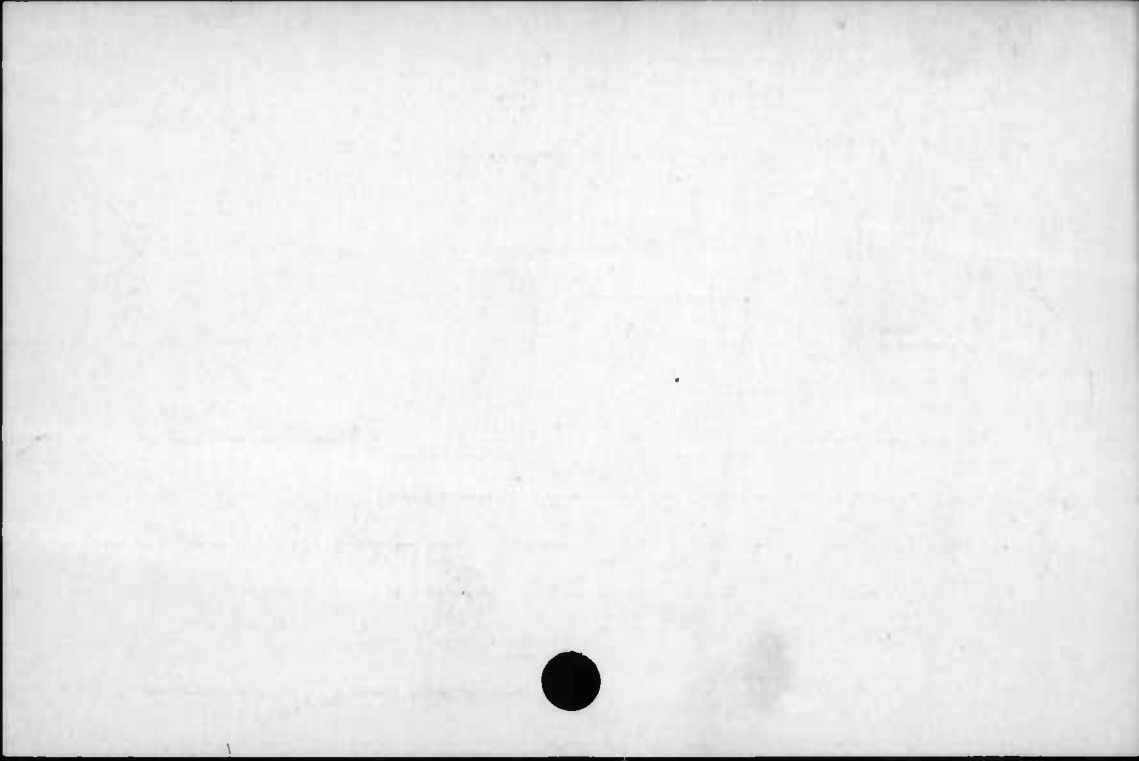
*few days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Chas. F. Sanders*

Address

*Easton Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name In Full		Town				County		Certificate of Death	
Mary Elizabeth Johnson		St. Michael		Talbot Co.		MARYLAND			
Died at		Date of death		Month		Day		Age	
1906		June		8		18		Months	
Sex		Color or Race		Birth-place		Months		Days	
Female		Colored		Baltimore					
Occupation		Where Residing if not at place of death							
House worker		—							
Married, Single or Widowed		Name of Wife or Husband							
Single		—							
Father's Name		Father's Birthplace							
Laurel Johnson		Frederick							
Mother's Maiden Name		Mother's Birthplace							
Hester Mary Dairy		Frederick city							
Name of person giving information		How related to deceased							
Hester Mary Dairy		Mother							
CAUSES OF DEATH									
Primary		How long							
Tuberculosis of Lungs		4							
Immediate		How long							
Acute pneumonia		2 weeks							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		W. E. App 9th							
		Address							
		St. Michael Md.							
Accident or Suicide?									



Name  
in  
Full

Marion Langdon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trappe</i> <small>Town</small>		<i>Salvors</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>June</i> <small>Month</small>	<i>5</i> <small>Day</small>	<i>79</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or <del>Race</del> <i>white</i>		Birth-place <i>Oecil Co.</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Earl De Gmchy</i>			How related to deceased <i>friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral hemorrhage</i>	How long	<i>3 days</i>
Immediate	<i>coma</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William S. Seymour</i>	
		Address <i>Trappe Md</i>	
Accident or Suicide?		<i>11</i>	





Name  
in  
Full

William R. Luthman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Easton</u> Town		<u>Talbot</u> County			
Date of death	<u>1906</u> Month <u>June</u>	Day <u>29</u>	Age <u>5-2</u> Years	Months <u>8</u>	Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Easton Md</u>		
Occupation <u>Shoe Maker</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or <del>Husband</del> <u>Sarah R. Chapman</u>				
Father's Name <u>Wm Luthman</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>P.</u>	Mother's Birthplace <u>Baltimore Md</u>				
Name of person giving information <u>Sarah R. Chapman</u>	How related to deceased <u>wife</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Progressive Bulbar Paralysis</u>	How long <u>3 Mos.</u>
Immediate <u>Exhaustion</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. F. Davidson</u>
	Address <u>Easton - Md.</u>
Accident or Suicide? <u>✓</u>	

00.01

00.01



Name  
in  
Full

John Frank Marshall

## CERTIFICATE OF DEATH

MARYLAND

Died at Nye Mills

Talbot County

Date of death 1906 June

Day 25

Age

Years

Months

Days

Sex Male

Color or  
Race

white

Birth-  
place

Nye Mills

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John Frank Marshall

Father's  
Birthplace

Talbot County

Mother's  
Maiden Name

Lillian Morris

Mother's  
Birthplace

Lebanon

Name of person giving  
information

John Frank Marshall

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

weak heart

How long

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

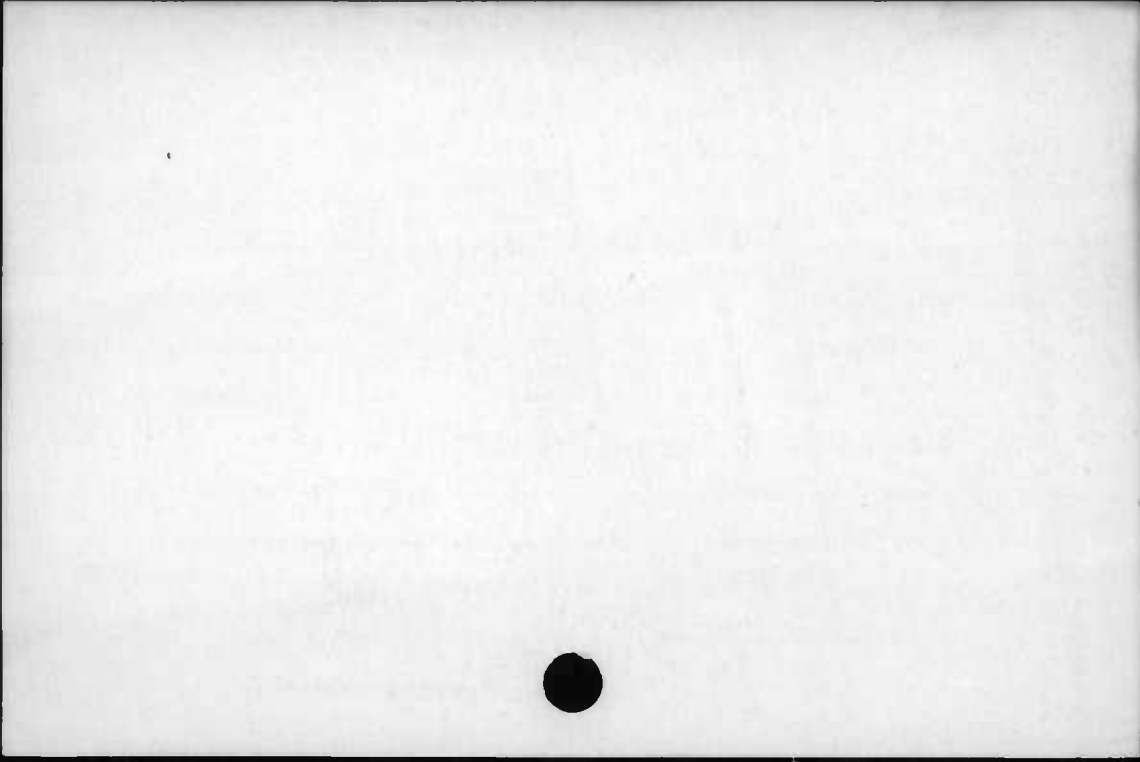
A. A. Hughes

Address

Under taken

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Anna Louisa Mullikin

Died at <sup>Town</sup> Trappe <sup>County</sup> Talbot MARYLAND

Date 1906, June 21 Age 64 6 27 Native of Md. Occupation Housewife.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one.

~~Husband~~ of James T. Mullikin  
 Wife  
 Father's Name Dr. Saml. T. Kemp Mother's Name Elizabeth Hardecastle  
 Cause of Death { Primary Bright's Disease. How long sick 2 years.  
 Immediate Coma. (12) ~~Accident, Suicide, Homicide~~

Reported by Jas. S. Chaplain M. D.  
 Address Trappe, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Wesley Palmer.

## CERTIFICATE OF DEATH

MARYLAND

Died at *Skipton* Town *Talbot* County  
 Date of death *1906* Month *June* Day *24* Age *77* Years Months *3* Days  
 Sex *male* Color or Race *Black* Birth-place  
 Occupation *Farmer* Where Residing if not at place of death *Same near Skipton*  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Charlotte*  
 Father's Name *Bess Palmer* Father's Birthplace *Talbot Co Md*  
 Mother's Maiden Name *Richardson* Mother's Birthplace *Queen's Md*  
 Name of person giving information *Mrs Laura E Hamilton* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Enlarged Prostatic Gland* How long *Not Known*

Immediate *Obstruction of bowels. Uraemia & Peritonitis* How long *Five Days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

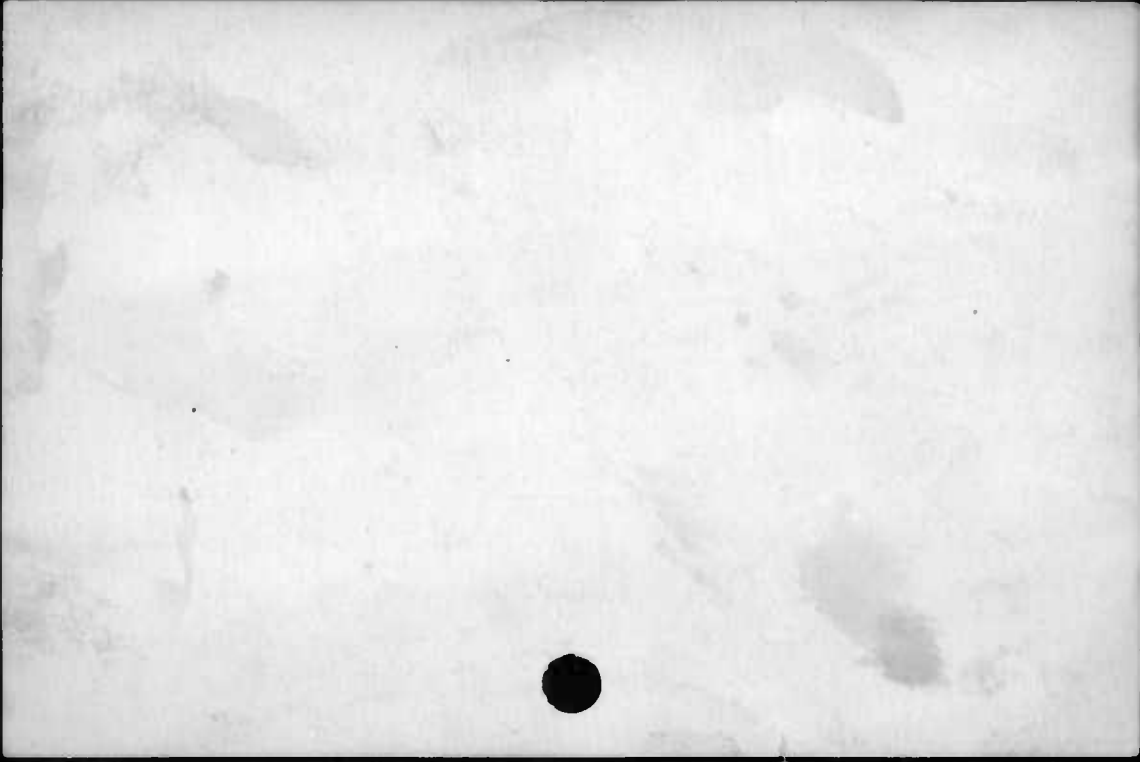
*E. M. Skille M.D.*

Address

*Cordova. Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Charles Ritter

## CERTIFICATE OF DEATH

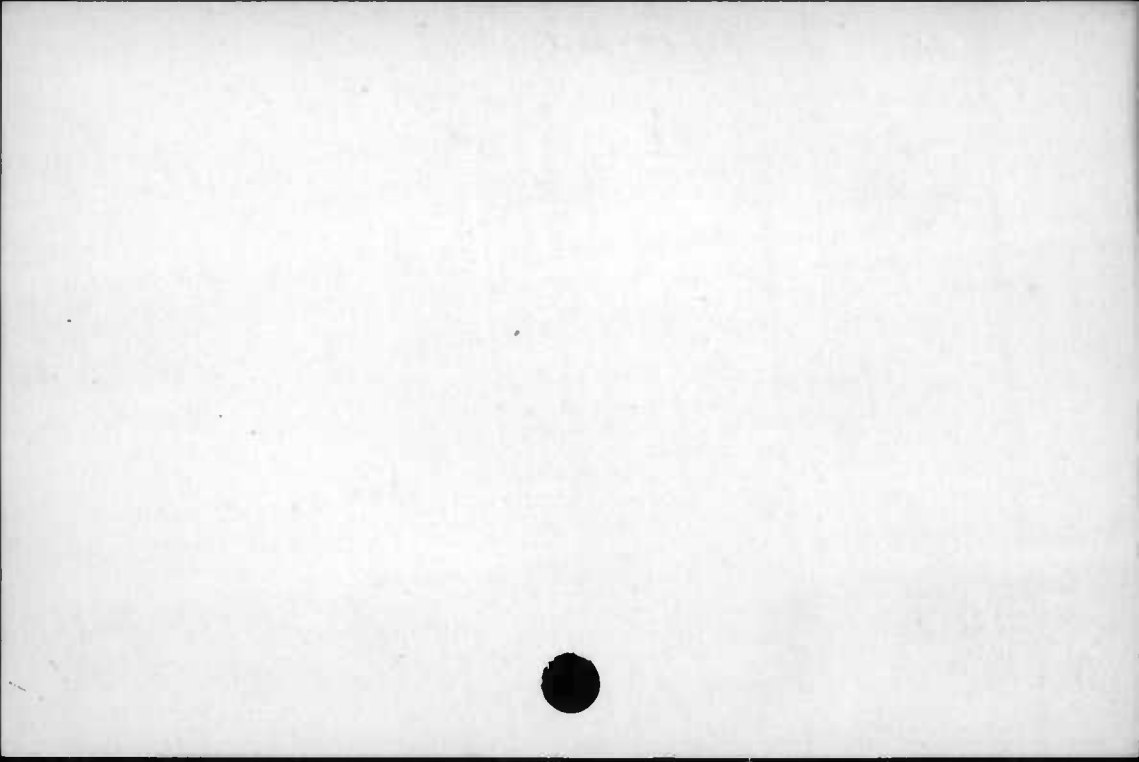
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>28</u> <small>Day</small>	<u>55</u> <small>Years</small>	<u>X</u> <small>Months</small>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birthplace	<u>Frederick, Md.</u>
Occupation	<u>Merchant</u>		Where Residing If not at place of death <u>X</u>		
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband	<u>X</u>		
Father's Name	<u>John Alfred Ritter</u>			Father's Birthplace	<u>X</u>
Mother's Maiden Name	<u>Catherine Martin</u>			Mother's Birthplace	<u>X</u>
Name of person giving information	<u>Mrs. Handy</u>			How related to deceased	<u>Daughter</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Carcinoma of groin</u>	How long	<u>45</u>	How long	<u>1 year (?)</u>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. B. Hayward MD</u>			
<u>yes</u>		Address <u>Easton</u>			
Accident or Suicide?		<u>Md.</u>			



Name  
in  
Full

Daniel Robertson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>			<u>Lalbot</u> <small>County</small>			MARYLAND	
Date of death	<u>1906</u>	<u>6</u> <small>Month</small>	<u>12</u> <small>Day</small>	Age	<u>60</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>18</u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>Caucasian</u>		Birthplace	<u>Scotland.</u>
Occupation	<u>Farmer</u>			Where Residing if not at place of death			
Married, <del>Single</del>	Name of Wife or <del>Husband</del>			<u>Annie E. Robertson</u>			
Father's Name	<u>David Robertson</u>				Father's Birthplace	<u>Scotland</u>	
Mother's Maiden Name	<u>Jane Meldrum</u>				Mother's Birthplace	<u>Scotland</u>	
Name of person giving information	<u>Annie E. Robertson</u>				How related to deceased	<u>Wife</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart dis</u>	How long	<u>2 yrs</u>
Immediate	<u>failure mitral valve</u>	How long	<u>3 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
Signature of Physician		<u>A. Drury Wellson M.D.</u>	
Address		<u>Easton, Md</u>	
Accident or Suicide?			



Name  
in  
Full

Joseph Chaplain Stenvers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died <del>man</del> <sup>Town</sup> <i>Easton</i>		<sup>County</sup> <i>Talbot</i>			
Date of death	1906	Month	<i>June</i>	Day	<i>4</i>
Age		<i>73</i>		Months	<i>4</i>
Sex		<i>Male</i>		Color or Race	<i>White</i>
Occupation		<i>Farmer</i>		Birth-place	<i>Talbot Co., Md</i>
Where Residing if not at place of death		<i>—</i>			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Sarah Mulliken</i>	
Father's Name	<i>George Stenvers</i>			Father's Birthplace	<i>Talbot Co</i>
Mother's Maiden Name	<i>Mary Chaplain</i>			Mother's Birthplace	<i>Talbot Co., Md</i>
Name of person giving information	<i>Oliver Henry</i>			How related to deceased	<i>Son in law</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>1 year</i>
Immediate	<i>Bronchitis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Geo. B. Merritt</i>	
		Address	
		<i>Easton, Md</i>	
Accident or Suicide?			

